

TOWN OF STOW
STOW, MASSACHUSETTS 01775

APPLICATION FOR SPECIAL LIQUOR LICENSE

Date: _____

Name of Applicant(s)

Home Address & Telephone No.

Name of Organization

Address

Date(s) for which license is requested: _____

Hours of sales: _____

Type of beverage(s) to be sold: _____

Event for which license is requested: _____

Profit or non-profit? _____

Location of event: _____

The undersigned will be responsible for the license, if granted.

Signature(s) _____
